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Sanders

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JUN 16 1986

HAZARDOUS WASTE FACILITY CERTIFICATE
of
LIABILITY INSURANCE

SUPERFUND BRANCH

- | | |
|---|--|
| <input checked="" type="checkbox"/> Travelers Indemnity Company | <input type="checkbox"/> Travelers Indemnity Company of Rhode Island |
| <input type="checkbox"/> Travelers Indemnity Company of America | <input type="checkbox"/> Travelers Indemnity Company of Illinois |
| <input type="checkbox"/> The Phoenix Insurance Company | <input type="checkbox"/> Charter Oak Fire Insurance Company |

One Tower Square
Hartford, Connecticut 06115

hereby certifies that it has issued liability insurance covering bodily injury and property damage to

Name	<u>ALLIED-SIGNAL INC</u>
Mailing Address	<u>PO BOX 1219R</u>
	<u>MORRISTOWN NJ 07960</u>

in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or 265.147. The coverage applies at

<u>E.P.A. I.D. NUMBER</u>	<u>NAME</u>	<u>ADDRESS</u>
1. IAD073489288	UOP INC NORPLEX DIVISION	PO BOX 445 NE COUNTY RD POSTVEILLE IA

for:

- ☒ sudden accidental occurrences
- ☐ non-sudden accidental occurrences
- ☐ sudden and non-sudden accidental occurrences

The limits of liability are \$ 1,000,000 each occurrence
\$ 2,000,000 annual aggregate

exclusive of legal defense costs. The coverage is provided under

Policy Number	<u>TLEH-196T801-9-86</u>
Issued on	<u>06-02-86</u>

The effective date of said policy is 04-01-86

NYJ-140	NYJ-140
06-09-86	06-09-86

(CONTINUED ON REVERSE)

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USEPA, RCRA Branch



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The Insurer further certifies the following with respect to the insurance described on Page 1:

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- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f).
 - (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA), the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.
 - (e) Any other termination of the insurance will be effective only upon written notice any only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator(s) of the EPA Region(s) in which the facility(ies) is (are) located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.

John R. Kenney
(Signature)

John R. Kenney
Secretary, Authorized Representative of the Travelers Insurance
Companies
One Tower Square, Hartford, Connecticut 06115